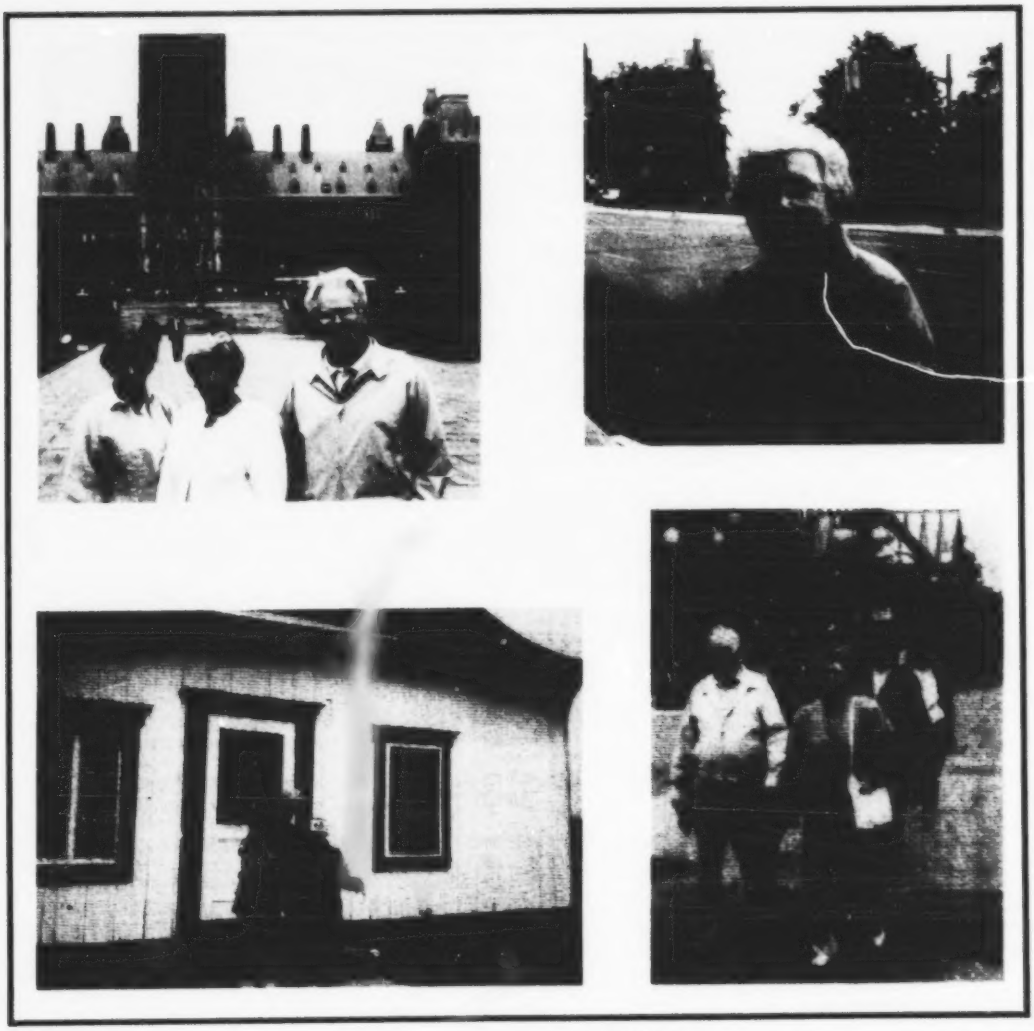
SENIORS HOUSING: ISSUES AND OPTIONS

DISCUSSION PAPER



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1. BACKGROUND

This paper on seniors housing in the Ottawa-Carleton Region is one of a series of background papers prepared for the 1990 Regional Housing Statement Update. The RHSU will provide a review of the housing situation in the Region and a comprehensive regional approach to housing. To comply with the requirements of the Ministry of Housing and to be consistent with the other background papers, household projections and housing requirements will be presented for the years 1991, 1996, 2001 and 2011.

2. INTRODUCTION*

The elderly population of the RMOC is growing faster than its total population with particularly rapid growth among the very old. In 2011, when the first baby boomers will join the ranks of seniors it is projected that one of every five households will be headed by a senior. By 2031, when the baby boomers will have fully entered the ranks of seniors, seniors households are projected to represent 35% of all households. As a result, housing demand is expected to be shaped significantly by the needs of an aging population.

The objectives of this paper are to:

- provide an understanding of the socio-economic profile of RMOC seniors;
- identify the existing and future housing needs of the elderly;
- explore housing alternatives;
- recommend means to contribute to the provision of adequate and affordable housing for seniors.

3. THEMES AND ISSUES

Today's seniors have diverse backgrounds and interests. They enjoy better health and have more income and assets than ever before. It can therefore be expected that elderly people will increasingly demand a greater choice of accommodation and services. They will likely seek housing options that will enable them to maintain independent lifestyles and financial self-sufficiency for as long as possible.

Accommodation is more than simply a shelter. It is a place where people can control their own lives, feel secure, comfortable and be a part of a community. The neighbourhood environment should provide easy access to care and community services.

Seniors, like other vulnerable groups in society, are faced with some special problems that affect their housing choices such as the rising costs of property taxes and maintenance, eviction caused by gentrification, conversion of rental units to condominiums or rent increases and the inadequacy of their accommodation due to their changing capabilities. Some elderly people living in rural areas have limited housing options and are forced to leave their community.

The growth of the elderly population, especially among the older and relatively frail creates a major pressure on the health care system and a real challenge to housing policies.

The elderly are the major users of the health care system. Government health expenditures for the elderly are three times that for children (0-17). In Ontario the elderly represent 11% of the population and use 45% of the acute hospital days. If current policies are maintained health care costs are expected to grow by 75% between

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* This paper focuses on the provision of housing alternatives for seniors and does not deal with the provision of nursing homes and other types of medical facilities.

1986 and 2021 due only to the growth of the older population.

To control the escalating costs of health care and provide services more suitable to the needs of seniors, the Province of Ontario will be introducing a long term care reform which is expected to have a profound impact on seniors housing. This reform will have two major thrusts: support for community living and reform of the institutional care component. The reform will encourage and support community based residential alternatives. It intends to expand the range of services available in the home, thus making it possible for seniors to remain in their own homes longer. Agreements between seniors housing projects and other agencies are proposed in order to provide personal care, 24-hour security, congregate dining, emergency back-up placement and other necessary support in seniors apartment complexes.

4. SOCIO-ECONOMIC PROFILE OF RMOC SENIORS

4.1 Aging of the Population

In 1986, people aged 65 and over represented 9.7% of the region's population. The proportion of the population over 65 is increasing faster than the total population of the RMOC particularly the age group over 75 which is expected to increase by 137% between 1986 and 2011. Between 1976 and 1986, the RMOC population increased by 16.6% while the group 65 and over increased by 50%. It is projected that between 1986 and 2011 this increase will be in the order of 38.4% for the RMOC and 100% for the over 65 population.

TABLE 1
OTTAWA-CARLETON POPULATION PROJECTION

Age	1976	1986	1996	2011
65-74	24,015	36,887	45,383	66,637
75	15,170	22,064	34,922	52,390
TOTAL	520,230	606,654	721,056	840,000

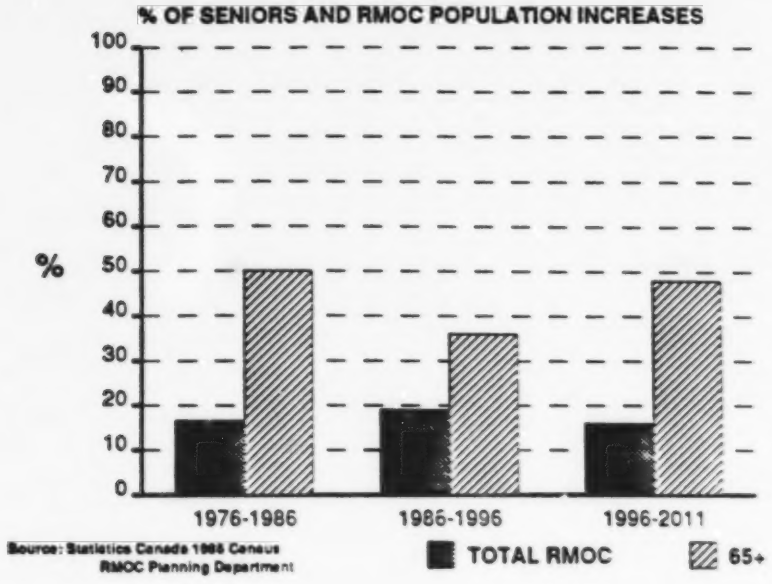
Source: Statistics Canada 1976, 1986; RMOC Planning Dept.

TABLE 2
SHARE OF TOTAL POPULATION FOR SENIORS (%)

Age	1976	1986	1996	2011
65-74	4.6%	6.1%	6.3%	7.7%
75+	2.9%	3.6%	4.8%	6.0%
65+	7.5%	9.7%	11.1%	13.7%

Source: Statistics Canada 1976, 1986; RMOC Planning Dept.

FIGURE 1



Women live longer and outnumber men almost four to one in the over 85 age group. However improved health care and general improvement in the quality of life has increased the survival rate of elderly males.

For example during the period between 1981 and 1986 the male population over 65 increased by 22%, while the female population over 65 increased by 20%.

4.2 Distribution of the Older Population

In Ottawa-Carleton, the greatest proportion of older people live in the region's central urban areas - Ottawa, Vanier and Rockcliffe Park. Among the population of the region over 55, 66% live in the City of Ottawa and of the population over 65, 72% live in the City of Ottawa compared to 50% of the total population.

TABLE 3
NUMBERS OF MALES AND FEMALES 65+
IN OTTAWA-CARLETON, 1981, 1986

	1981		1986	
Age	Males	Females	Males	Females
65+	18,190	30,610	22,385	36,570
75+	5,520	12,515	6,865	15,200

Source: Statistics Canada, Custom Tabulations, 1986

Looking at seniors as a proportion of each municipality, it can be noticed that the percentage of the population over 55 is lower in fast-growing municipalities and fairly high in rural municipalities. However, the percentage of the over 65 age group residing in rural areas generally declines, as these people move to the urban areas for services and care.

with their spouse; nearly half of the men over 85 are still married. On the other hand, while the majority of women between 55-64 live with their spouse, an increasing number of women live alone after age 65. By comparison, at age 65 less than half of women are married while 83% of men are still married.

TABLE 4
DISTRIBUTION OF MUNICIPAL POPULATION 55-64 AND 65+ WITHIN THE MUNICIPALITIES IN OTTAWA-CARLETON - 1986

Municipality	Total Population	55-64	%	65+	%65+
Osgoode	11,197	815	7.3%	815	7.3%
Cumberland	27,000	1,040	3.9%	830	3.1%
Gloucester	89,810	5,110	5.7%	3,670	4.1%
Vanier	18,426	1,810	9.8%	2,185	11.9%
Rockcliffe	2,033	275	13.5%	315	15.5%
Nepean	95,490	8,275	8.7%	5,555	5.8%
Ottawa	300,763	32,310	10.7%	42,280	14.1%
Rideau	10,271	1,840	17.9%	770	7.5%
Goulbourn	12,305	960	7.8%	890	7.2%
Kanata	27,520	1,160	4.2%	750	2.7%
West Carleton	11,825	880	7.4%	875	7.4%
Total	606,640	54,475	9.0%	58,935	9.7%

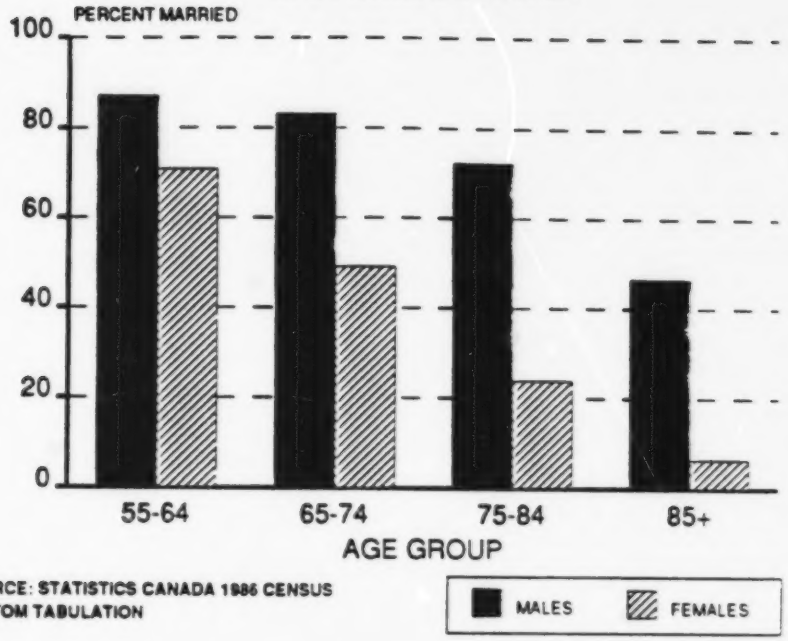
Source: Statistics Canada, 1986

4.3 Marital Status and Living Arrangements

Differences in marital status influence the living arrangements of seniors. Older women are more likely to be single, widowed and living alone than older men. Most men over 55 live

Most people over 65 live in private households (90%). The remaining 10% live in collective dwellings such as hospitals, nursing homes and boarding homes. Figure 3 indicates that as many as 30% of seniors live alone. It is worth noting that 82% of seniors living alone are women.

FIGURE 2
MARITAL STATUS OF POPULATION 55+
IN OTTAWA-CARLETON



SOURCE: STATISTICS CANADA 1986 CENSUS CUSTOM TABULATION

FIGURE 3
LIVING ARRANGEMENTS OF SENIORS IN OTTAWA-CARLETON, 1986

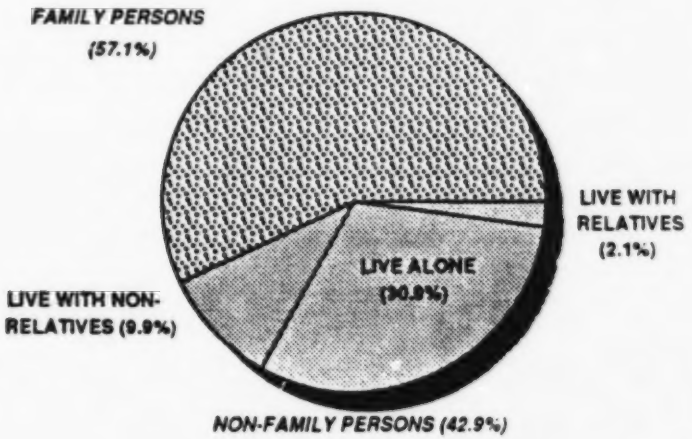


TABLE 5

SENIORS PRIVATE HOUSEHOLDS BY DWELLING TYPE, OTTAWA-HULL CMA (ONTARIO PART)1981, 1986

	TENURE		TYPE						
	Rented	Owned	Single	Row	Duplex	Apartment 5 Storeys or More	Apartment Less Than 5 Storeys	Movable	Total
1981									
65+(all)	15,345 53%	13,665 47%	10,985	1,870	1,160	12,315	2,555	120	29,015
65-74	9,320 49%	9,815 51%	7,805	1,405	715	7,515	1,590	95	19,135
75+	6,025 61%	3,850 39%	3,180	465	445	4,800	965	25	9,880
1986									
65+(all)	17,150 48%	18,430 52%	14,265	2,870	855	14,390	3,090	110	35,580
65-74	11,075 48%	12,150 52%	10,230	2,185	510	8,340	1,875	85	23,220
75+	5,900 48%	6,460 52%	4,035	685	345	6,050	1,215	25	12,360

Source: Statistics Canada, 1986

4.4 Tenure and Housing Type

There is a high rate of home ownership among the elderly. In 1986, of the 35,580 households of seniors 65+, 52% occupied residences they owned and the balance occupied rental dwellings. The ownership rate is also on the increase. In 1981, only 47% of seniors were owners. The number of seniors' households in single family dwellings has increased substantially (30%) between 1981 and 1986. These increases reflect the improved financial situation and health of many seniors. Table 5 shows the different housing types occupied by seniors in private households in 1981 and in 1986. It should be noted that the likelihood of occupying an apartment increases with age. In 1986, 58% of households 75+ were in apartments compared to 44% of households in the 65-74 group.

4.5 Income*

The real income of most seniors has increased in recent years. This is particularly noticeable when they reach 65 at which point they receive an additional income from old age benefit programs. Some seniors who had no income before age 65 also become recipients of a guaranteed income supplement. As well, more seniors have prepared for their retirement years through private pensions and investment income. It is a trend that will likely improve the financial situation of seniors in the years to come.

The average income of a senior household in the Ottawa-Hull metropolitan area has increased from $19,470 in 1980 to $29,745 in 1985, a 52% increase. By comparison, the average household income of all ages has increased by 50% for the same period.

Although the proportion of seniors over 65 who are poor has dropped between 1980 and 1986, 22% of the region's seniors are still considered to be of a low income**. Seventy-nine percent of all low income households of seniors are

TABLE 6
SENIORS' HOUSEHOLDS BY INCOME CUT-OFFS,
SEX OF HOUSEHOLD HEAD AND TENURE - RMOC 1986

	Owner		Tenant		Total Senior Hhlds		
	Male	Female	Male	Female	Male	Female	Total
Low	510	1,285	1,090	4,760	8.91%	34.85%	21.66%
Moderate	3,260	2,130	2,680	3,740	33.08%	33.84%	33.46%
High	8,105	2,975	2,310	2,455	58.01%	31.31%	44.88%
Total	11,875	6,390	6,080	10,955	100%	100%	100%

Source: Statistics Canada, 1986

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* Data from 1985

** Using Statistics Canada low income cutoffs of $10,233 for a 1 person household, and $13,501 for a 2 person household.

headed by women. Not only are incomes of men (65+) higher than those of women (65+) but also men are less dependent on government transfer payments for their major source of income. They have greater access to other income sources such as private pensions and investment income.

Lower income seniors are found mainly among the 16,000 seniors living alone, who have a significantly lower income than married couples 65 and over. The average income of an older married couple is $45,004* compared to $17,000 for a senior living alone.

4.6 Housing Affordability

The housing situation of older married couples, who are mostly homeowners, has improved while it has deteriorated for renters who are largely seniors living alone.** Between 1981 and 1986 the percentage of seniors' households who rent and pay more than 30% of their income for housing increased from 26% to 36%. On the other hand, the percentage of seniors households who own and pay more than 30% for housing has decreased from 11% to 10% during the same period. Homeowners have also seen their equity increase tremendously between 1981 and 1986. As well homeowners have more space (6 rooms or more compared to an average of 3 rooms for tenant occupied dwellings).

It is accepted that people paying more than 30% of their gross income on housing will have difficulty affording their accommodation. In the region, 22% of seniors households pay over 30% of their income for housing compared to 19% in 1981. Furthermore, 8% of seniors' households pay over 50% of their income for housing which represents an increase (1%) over 1981.

TABLE 7
OF 65+ HOUSEHOLDS, BY TENURE AND PERCENTAGE OF HOUSEHOLD INCOME SPENT ON HOUSING, RMOC

	Total	Over 30%	%	Over 50%	%
Tenants	16,090	5,920	37%	2,110	13%
Owners	18,250	1,765	10%	500	3%
Total	34,340	7,685	22%	2,610	8%

Source: Statistics Canada, 1986

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* Statistics Canada, 1986 Census

** Selected Socio-demographic Characteristics of the Older Population in Ottawa-Carleton, Council on Aging of Ottawa-Carleton, 1989.

As the proportion of seniors will increase substantially in the next two decades, and even allowing for the increases in income noted above, so will the number of seniors with housing affordability problems. A variety of housing options should be made available for them. One way that the issue of affordability can be addressed is to provide opportunities for flexible and varied housing options which will be discussed later.

5. HOUSING PROJECTIONS RMOC - 2011

A variety of housing options for seniors can be provided in the future. The need for security, low maintenance, single-level living and proximity to services, combined with increased wealth and income argue for the occupancy of apartment dwellings well serviced with amenities. Therefore, some increase in the number of rental or condominium apartments is expected. As well there will be a significant increase in single-detached units because wealthier seniors supported with improved care services will maintain a single family home and remain independent longer.

It is worth noting that in 2011 the baby boomers will start to join the 65+ cohort. Although it is projected that the 65+ population will represent 13.7% of the RMOC population, seniors' households will represent 19.3% of all households because seniors households are smaller. The fact that almost 20% of the housing market will be occupied by seniors will have a significant impact on housing requirements. The following table shows seniors' households projections and the projected housing requirements for seniors of Ottawa-Carleton by housing types for 1991, 1996, 2001, and 2011.

TABLE 8
PROJECTIONS OF HOUSING REQUIREMENTS FOR SENIORS
BY TYPE FOR 1991, 1996, 2001, 2011

Age Group	Households	# Singles	# Multiples	# Apts
1991				
65-74	26,529	11,938	2,918	11,673
75+	15,802	5,531	1,264	9,007
Total	42,331	17,469	4,182	20,680
1996				
65-74	28,410	13,353	2,841	12,216
75+	19,731	7,300	1,381	11,049
Total	48,141	20,653	4,222	23,265
2001				
65-74	29,739	14,275	2,677	12,788
75+	23,589	8,964	1,651	12,974
Total	53,328	23,239	4,328	25,762
2011				
65-74	41,581	19,959	3,742	17,880
75+	29,653	11,268	2,076	16,309
Total	71,234	31,227	5,818	34,189

Source: RMOC Planning Department

6. SENIORS HOUSING STOCK

6.1 Assisted Housing*

In the Ottawa-Carleton region there are 6,788 assisted housing units for seniors, including units managed by the Ottawa-Carleton Regional Housing Authority (OCRHA), municipal non-profit housing units, private non-profit and co-operative units.

The great majority (87%) of the subsidized stock is located in the City of Ottawa. Two-thirds of the total number of subsidized units are OCHRA units located in Ottawa. However, it is worth noting that every municipality except Gloucester and Rockcliffe Park has assisted housing units for seniors. Opportunities for building apartments for seniors in rural areas are somewhat limited.

OCRHA**

OCRHA has almost 5,000 units available for seniors. While there is a waiting list of approximately 200 seniors for these units, vacancies have become more difficult to fill. Seniors seem to be more willing to wait for a unit to come available in the neighbourhood of their choice. The OCRHA stock for seniors is mainly suburban, highrise housing constructed more than 15 years ago, and consisting mostly of

TABLE 9
ASSISTED HOUSING UNITS FOR SENIORS

	OCRHA	Municipal Non-Profit	Other*	Total
Ottawa	4,692	825	407	5,924
Nepean	99		250	349
Gloucester				0
Vanier	234			234
Kanata	40			40
Cumberland		24		24
Goulbourn		64		64
Rideau	15	30		45
Osgoode		83		83
West Carleton		25		25
Rockcliffe				0
Total	5,080	1,051	657	6,788

Source: Directory of Housing for Seniors in Ottawa-Carleton, Council on Aging of Ottawa-Carleton, 1988

* Co-operatives and private non-profits

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* This includes housing assisted through any federal or provincial non-profit program.

** Ottawa-Carleton Regional Housing Authority, "Seniors Public Housing in Ottawa-Carleton", 1989

one-bedroom apartments (82% of the units are in projects of over 200 units). No supervision or dining room services are provided. There is some question as to the adequacy of OCHRA projects in meeting the needs of seniors, due for example to the large size of many projects and the lack of common space which are factors that can contribute to feelings of isolation.

Municipal non-profit

Again most of the municipal non-profit housing projects for seniors (78%) are found in the City of Ottawa. These are managed by City Living which has a stock of 825 units with no vacancies. Most of the projects are composed of 20 to 40 units. Only one of the City Living Projects has over 200 units. They do not provide a supervised living arrangement or a dining room service.

Most of the units are bachelors with some one bedroom apartments. Each year, tenants leave their bachelor apartments in favour of one bedroom units.

Co-operatives and private non-profit

Senior's apartments are also made available by municipalities, charitable organizations and co-operatives. The co-operative and private non-profit projects are located in Ottawa and Nepean. The projects vary in size and only one has more than one hundred units. In total there are 657 units. The vacancy rate is not known. No supervised living arrangements or dining room service are provided.

6.2 Private Retirement homes

This section deals with retirement homes as distinct from nursing homes and chronic care facilities. Retirement homes are privately owned and run. A certain number of units may be reserved for tenants who are eligible for the Rent Supplement Program. They provide residential space for seniors, one to three meals a day, housekeeping services, some medical supervision, some personal assistance, communal facilities (dining area, recreation, fitness and games rooms) social and recreational programs, all of which provide seniors with a sense of security, independence, and the opportunity to share with others.

The Directory of Housing and Residences for Seniors in Ottawa- Carleton indicates that in 1988 private retirement homes were made up mainly of rooms (2,318) and of a few apartments (129 bachelors, 164 - 1 bedroom, 28 - 2 bedroom). The monthly cost varies between $656 and $3,300.

Aware of the growing potential market of housing for seniors, developers and private investors have, since 1987, built several retirement homes targeted to the affluent seniors who are equity rich. Among the 2,318 rooms surveyed in 1988, almost half (1072) have been built since 1987. As well, 102 of the 129 bachelor apartments have been built since 1987. A negligible number of these new units have tenants receiving financial assistance (4 out of 1072). Very few apartments (32 - 1 bedroom apartment and no 2-bedroom apartments) were built since 1987. These more recent facilities offer a carefree maintenance hotel lifestyle with the added features of health care, social and recreational activities. The monthly cost ranges between $850 and $3,300. Apparently, the number and quality of services provided compensate for the small size of the units.

6.3 Trends

More affluent and independent seniors will have higher expectations and want fairly high standards of services that are not at present met by social housing.

The decreasing waiting list for social housing (OCHRA) indicates that there is no shortage of social housing for seniors. It also supports the belief that seniors are more financially secure than in the past and that they are not as willing

to give up their homes to move into small apartments. This can be explained in part by an increase in supportive services which make it easier for seniors to stay in their own home. The non-profit sector is also providing a range of new housing options that were not available before.

The existing social housing stock may have to be modified to provide a more flexible and more human environment (convert one bedroom units to two bedroom units or more, to favour sharing and supportive living; provide common meeting rooms; avoid age and income ghettos).

It is anticipated that seniors will be more and more interested in alternative housing options such as the ones provided by co- operatives and private non-profit. As stated in the Regional Municipality's survey of the Demand for Non-Profit Housing in Ottawa-Carleton a sizable increase in the demand for non-profit housing is anticipated (some 2,327 units for seniors between 1987 and 1992).

7. HOUSING NEEDS OF SENIORS

In preparation for the national conference on the housing needs of older Canadians that took place in Halifax in October 1988, a Consultation Process, the Habitat Project, gathered the views of some two hundred seniors across Canada. A list of principles emerged from this consultation which express very clearly the housing needs of seniors.

- Seniors want to be involved.
- Seniors want to be independent as long as possible.
- Seniors need affordable housing options at all income levels.
- Seniors need physically accessible structures.
- Seniors need access to accurate information.
- Seniors want to be able to exercise choice.
- Seniors housing must be adaptable to fit changing needs.
- Seniors housing programs must be sensitive to quality of life.
- Seniors see housing and services as an integrated package requiring holistic, coordinated planning.

8. HOUSING OPTIONS

Most older persons prefer to stay in their own communities and in their own homes or apartments. Some housing options could help a large number of elderly people who undergo a loss of autonomy but do not want or require the care of a nursing home. Following are examples of housing options that support independent living.

This is not an exhaustive list but only an overview of some possibilities. These options are presented according to whether they favour living at home or whether they imply a move into other independent housing adapted to particular needs.

8.1 Staying Home

Adapted Housing

Through a variety of minor changes, repairs and conversion, the living units of the elderly persons are adapted to their particular functional deficiencies permitting them to lead an independent life. Case studies have shown that often

only very minor changes are required to allow a person to stay in his or her own home. Usually the cost of such changes is minimal.

Home Sharing*

Sharing allows two people or more who are not related to live in housing that is occupied by one party, (whether owner or tenant). For elderly people who wish to stay in their home, this option provides both companionship and an additional source of income. In some cases it also offers a sense of security and help in maintaining the home. It should be noted that this program is not for everyone as it requires a great amount of flexibility and a certain loss of privacy. RMOC provides a successful home sharing program by matching up the provider and the homeseeker.

Accessory Apartments*

Accessory apartments are small, self-contained dwellings using the excess space of an existing house. This option allows elderly homeowners to remain in a house that has become too big, too expensive in taxes and upkeep, while giving them an added income, a degree of privacy as well as a greater sense of security and companionship. Many municipalities do not permit conversion to accessory apartments. If allowed by the municipality, the Ontario Government provides financial assistance through the Convert-to-Rent Program to convert unused space in single family homes into self-contained apartments.

Granny Flats*

Granny flats are small, self-contained, temporary movable houses that are placed on a lot of a close family member. Alternatively, elderly people may choose to make their own house available to relatives and place a granny flat on their own lot.

Granny flats are designed to enable seniors to live close to a host family, while maintaining their independence and their privacy. The RMOC has successfully participated during the last five years in a granny flat demonstration project. In 1988, Regional Council recommended that the Ministry of Housing develop a permanent granny flat program in Ottawa-Carleton. The Province has not yet responded to this recommendation. Regional Council has just voted to amend the Regional Official Plan to specifically identify granny flats as an acceptable housing option and develop the appropriate policies to encourage and guide their location.

Home Equity Conversion

Home equity conversion plans are intended to enable older people to generate income from their equity, yet remain in their own homes. There are three fundamental options to home equity conversion:

1. Under a reverse mortgage, a lender provides a homeowner with a loan against some of his equity. The loan may be a monthly payment or a lump sum which can be used by the homeowner to purchase an annuity. The loan and accrued interest need to be repaid only when the house is sold. A Toronto life insurance company just launched such a reverse mortgage for cash-poor seniors in Ontario. In this case only the proceeds from the home can be used to satisfy the outstanding mortgage which cannot be higher than 80% of its appraised value.

2. In a sale-leaseback plan, an investor buys the home for a lump sum downpayment plus

* These housing options maximize the potential of informal network support and make detection of health problems easier.

monthly payments and then leases it back to the former owner for life.

3. The third approach is deferred payment loans, which can be made to renovate a house. Repayment only becomes due when the owner dies or when the house is sold. A variation of this option would be to use it to defer expenses such as property taxes or income taxes which would then become a lien against the property.

In rural areas certain options such as granny flats, accessory apartments, reverse mortgages and home sharing are particularly suitable due to the limitations imposed by servicing and the character of the development.

8.2 Other Housing Choices

Following are some housing options and financial tools for elderly people who will choose to move in order to seek a different lifestyle, or more appropriate and affordable accommodation.

Convert-to-Rent

The Convert-to-Rent Program not only applies to conversions of single-family homes but also to conversion of non-residential buildings to encourage the creation of moderately priced rental housing. Although this program is not particularly addressed to seniors, it represents an additional tool to increase the number of moderate cost apartments which could be used by seniors.

Congregate Living

Congregate living provides older people with the opportunity to share daily activities with others while at the same time preserving their independence. A group of up to ten seniors are accommodated, usually in a renovated older home with a live-in housekeeper. The home is well integrated into the neighbourhood. Private rooms and meals are provided. The life of the occupants can vary greatly depending on whether the project is run privately, by a co-op or by a non-profit group. A popular British example of congregate living for seniors is the Abbeyfield housing concept which is now being developed in Canada.

Made-to-Convert Housing

Made-to-Convert housing is a new home designed and built so that it can be readily converted into a two-unit dwelling and "deconverted" back to its original state. The idea is to have a housing design that would be converted easily to adapt to the circumstances of its occupants. For instance, a first time home buyer, otherwise unable to afford a house, might be able to meet the mortgage payments if the house can readily accommodate a rental apartment. At a later stage, the dwelling could be converted to a single family house. Older people could supplement their retirement income by converting once more the dwelling into an income-producing two-unit dwelling. Zoning by- laws would have to permit this flexible option.

Bi-family Units

Bi-family units are built to include a family unit as well as one small self-contained apartment usually occupied by a relative. Unlike an accessory apartment, the secondary dwelling is included from the start and is identifiable from the street.

Retirement Communities

Retirement communities whether consisting of mobile homes, apartments or single-family houses usually offer a variety of recreational facilities, emergency response systems, a range of limited care facilities and sometimes continuing-care services.

Life-care Communities

Life-care communities have been very popular in the U.S. where they enable older people to

age in place by maintaining independence for as long as possible, while at the same time guaranteeing increasing levels of service and medical care when required.

Non-profit and Co-op Housing

Non-profit and co-op housing developments provide affordable housing and a considerable variety of unit types and services. It is likely that the non-profit housing sector will attract a great number of seniors because it permits the involvement of the users in the design, operation, and management of the projects.

Traditionally, housing co-operatives have received government support. However co-operatives are now developing member financed projects: Resident Funded Co-op Housing (RFCH). In a RFCH a senior can purchase an occupancy right, at cost, which can be sold back to the co-op at the original price, in constant dollars, permitting the unit to be recycled in the same manner. Non-profit and co-operative housing groups, like others, face a decreasing availability of land in urban areas which imposes a significant barrier to building new affordable housing.

Shared Equity Leases

Shared equity leases use the home equity or any other equity to buy into a retirement housing project. A lease provides for the purchase of part of the equity and payment of rent for the remaining portion retained by the developer. The new equity acquired can be sold again by the senior.

Life Tenancies

Life tenancies can be purchased to guarantee seniors the right to occupy a dwelling for as long as they live. The dwelling then reverts to the developer. The cost of the life-lease is based upon the life expectancy of the purchaser.

8.3 Housing Programs and Services

Several provincial housing programs and services already contribute towards the support and the implementation of a stay-at-home policy. Following is a brief list.

The Ontario Home Renewal Program provides loans to low-income owner-occupants to repair their homes. Seniors in the Community Program provides tax exemptions for home alterations or repairs which allow the elderly to stay in their own homes. Convert-to-rent program has been mentioned above. A Property Tax Grant pays up to $600 of the property taxes of a senior and up to $600 or 20% of the rent paid by a tenant age 65 or over (this amount is calculated to correspond with the amount of property taxes included by the landlord in the rent). Rent Supplement Program pays landlords the difference between rent-geared-to-income and a negotiated rent.

Ottawa-Carleton plays also an important role in support of seniors "aging in place". RMOC administers several programs that provide seniors with health care services and personal care in their own homes. Homes for the Aged administers the Seniors Day Center Community Program which provides daily health care and support to seniors living independently in the community. The department as well is responsible for Meals on Wheels and a Telephone Assurance Program providing a regular service of telephone checks to seniors living alone. The Regional Health Unit delivers the Acute Home Care Program which provides home health care to seniors who require it on a short term basis. The Health Unit also provides an Integrated Homemaking and Home Care Program to frail elderly, as well as outreach home visits in seniors' buildings. As mentioned above, the Region also provides a Match and Share Program.

9. RECOMMENDATIONS TO PROVIDE MORE HOUSING OPTIONS FOR SENIORS

The large increase in the number of elderly in the years to come obliges us to reconsider the housing options available to seniors while taking into account the component of care and services and the role of the residential environment. As we have seen, seniors require the assurance of having functional housing and an environment that allows them to live a normal life. Seniors also wish to have services and care available and to have the facilities to get around. Just as the Region is committed to the adequacy and affordability of housing it can also be committed to providing a variety of housing options for its aging population.

It is recommended that:

1. the Region develop policies and amend its Official Plan to promote a more intensive use of the existing housing stock and residential facilities: this would permit additional housing options such as granny flats, accessory apartments, shared housing, bi-family units, and congregate housing and allow for more economical use and delivery of home support and other services.

2. the Region promote the production of innovative affordable housing designs for seniors. The regional land designated for a senior housing complex on Clyde/Merivale represents an opportunity to develop a range of housing forms for seniors. The regional planning department would coordinate a concerted approach bringing together the policies and practices of the building industry and the public sector to focus on the production of new innovative and affordable housing options for seniors on that site.

3. the Region endorse the recommendation of the discussion paper on "Options for Improving Seniors' Public Housing in Ottawa- Carleton" to convert the OCHRA one bedroom apartments into two or more bedroom units. This would facilitate home sharing, provide congregate living for seniors and facilitate supportive living arrangements.

4. the Region initiate consultation to assess the feasibility of a Central Housing Registry designed to help seniors in Ottawa- Carleton to gather information and to seek assistance with their housing needs from only one central housing information agency for seniors.

5. the regional Housing Registries Office undertake the annual update of the "Directory of Housing and Residences for Seniors in Ottawa-Carleton" originally prepared in 1988, by the Council on Aging and partially funded by the Region.

6. the possibility of an Abbeyfield type project in Ottawa- Carleton be explored as an adaptation of the Regional Match and Share Program.

7. the Region establish a staff committee (Planning, Health, Social Services) to review and respond, with a coordinated approach, to provincial initiatives which affect seniors' living arrangements such as the Long Term Care Reform.